File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE



	DIOOFOOIVE	- SOMMANT PAGE			
COMMITTEE NAME (Must be s	ame as on Statement of Orç	ganization)	2 00 <u>8</u> .	JUL 21 AM 10: 59	
Miller For Supervisor				FORM DR-2 DISCLOSURE (Rev. 07/2007) REPORT	
IMPORTANT: Indicate by # type of (1) Statewide/Legislative/Judge Sta (4) County Central Committee (5) County in Judge Stabdivision Candidate (8) County in 1) Local Ballot Issue					
CANDIDATE COMMITTEES OF	NI V·			omm.#	
Candidate Name	46 1.	Political Party (if applicable)		gged In	
John Miller		Democrat		anned	
Office Sought County Supervisor		District (if Senate or House)		dited	
Late reports are subject to possible	ill	2 2 3 1 9 - 2 3 5 - 10 TELEPHONE		A.401(3), the candidate, for a 0 - 18 - 08 DATE SIGNED	
July 10, 2008					
AM FILING A July 19, 2008		REPORT FOR (1) ELECTION	 -	ELECTION YEAR.	
` .	ort date)	Indicate by:	¥ [1		
CHECK IF AMENDMENT TO	REPORT DATED		Local Comr	nittees, enter Date of Election	
☐ Check if this is final (termination (You must continue to fi	on) report and attach Notice ile reports until a DR-3 is file	of Dissolution Form DR-3. d.)	November County & Lowhich Election Black Ha	ocal Committees, enter County in ion is held	
OTA TEME	T OF OAGU ON HAN	<u>.</u>			
	NT OF CASH ON HAN		*		
CASH ON HAND at the beginning committee. This amour of the last reporting peri	nt MUST be the same as the		\$	479.01	
	AKEN IN THIS PERIOD	, ,			
Schedule A: Cash Con	tributions total (Attach Scher	dule A) (*also see in-kind below)		125.00	
		∍ F)		0.00	
		ach Schedule H)		0.00	
	pplies to Candidates' Com	,		125.00	
SUBTRACT TOTAL MO	ONEY SPENT THIS PERIO				
Schedule B: Expenditu	res total (Attach Schedule B) (**also see debts and loans below).		245.07	
Schedule F: Loan Repa	yments total (Attach Sched	ule F)		0.00	
CASH ON HAND at the end of th	is reporting period (if final re	port balance must be zero)	\$	358.94	
*UNPAID BILLS (From Scheduk	e D - Attach Schedule D)		\$		
		edule E)			
		ule F)	•		
CONSULTANT BREAKDOWN (,	······································	YES NO	
CANDIDATE COMMITTEES ON	•			_ 1.50 110	
ALUE OF CAMPAIGN PROPE		ach Schedule H)	200. 10 200. 200. 200. S ill 1	Section that particles is a section of a settle of a section of the section of th	
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STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) John Miller for Supervisor		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/23/08	ID#	Roger White 2303 Greenwood, Cedar Falls, IA 50613		\$25.00	
06/14/08	ID# CK#	Judith Harrington 3714 Eastpark Rd, Cedar Falls, IA 50613		\$50.00	
06/18/08	ID# CK#	John Miller 4213 W. Shaulis Rd., Cedar Falls, IA 50613	self	\$50.00	
·	ID#				
W	ID#				
	CK#				
	CK#		SUB-TOTAL	\$ 125.00	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

MONETARY

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE				
'					
	В	MONETARY			
	(Rev. 07/03)	EXPENDITURES			
	CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller For Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/31/08	ID# CK#	Lincoln Savings Bank Waterloo, Iowa	Bank Charges	\$ 1.50
06/18/08	ID# CK#	same	Charge for deposit slips	5.00
06/30/08	ID# CK#	same	Bank Charges	1.59
05/30/08	ID# CK# ₁₀₄₉	State of Iowa	Late Filing Fine	20.00
06/07/08	ID# CK# ₁₀₃₅	State of Iowa	Late Filing Fine	30.00
06/18/08	ID# CK# ₁₀₃₆	Image Point Waterloo, Iowa	T-Shirts	186.98
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 245.05

SUB-TOTAL \$ 245.07

TOTAL (if last page of this schedule)

\$ 245.07

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	- 4	of	١.	